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The Committees of the I.C.N.

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To really know the International Council of Nurses, it is necessary to become familiar with its Committees. As with all large, complicated and somewhat unwieldy organizations, its work is maintained only indirectly through the general membership. Details of administration are the responsibility of an International or Headquarters Office and a series of committees on which the various member countries have representation. At the recent Congress in London the work of the Board of Directors and the Grand Council, which are the governing bodies, was concerned with reports of work accomplished by them in the last quadrennium or planned for the next. A brief comment on accomplishments may be of interest.

International Headquarters, established several years ago in Geneva, was transferred to London in June 1937, only a short time before the opening of the Congress. The Offices, located at 51 Palace Street, provide accommodation for the Executive Secretary, Miss Anna Schwarzenburg and the several assistants who make up the staff which conducts the work of the organization in the three official languages: English, French and German. One room holds the nucleus of a library—80 volumes and 175 Nursing Journals in 19 different languages. In addition to serving as a world clearing house for all matters pertaining to nursing and to maintaining contact with 32 affiliated associations, Headquarters Office is responsible for the publication of *The Internationad Review* which appears quarterly. Since her appointment in 1935 the Executive Secretary has undertaken a good deal of field-work and has visited Turkey, Greece, Syria, Palestine, Iraq, Roumania, Bulgaria and Yugo-Slavia. This work, which is considered to be highly valuable, will be continued and it is hoped will be extended.

A Headquarters Committee has been very active during the past term, partly because of necessary re-organization and partly because of the change of location

at a time when all were concerned with Congress arrangements. The Committee, which is not large, will continue responsibility for the office as required.

The work of the Finance Committee of the Council is closely bound up with Headquarters. Funds for international work are provided solely through the affiliation fees of member associations, the rate per capita being the equivalent of four pence in English currency or eight cents in American money. A resolution to reduce this rate to five cents, was presented this year but was defeated. There is no large reserve in the treasury of the International Council of Nurses and at times there has been quite serious danger of deficit. The Committee reported that, in the main, the fees are forwarded promptly. In some Associations, however, the sending of funds out of the country is prohibited which means that such Associations must be carried without payment of fees until such time as the ban may be lifted, a fact which limits the amount immediately available for the use of the Council. The rate of exchange too, has, in recent years been a factor in the uncertainty of funds but it is expected that this will be somewhat relieved by the transfer of Headquarters to London. The whole financial situation has improved and it is hoped that a safe margin of reserve funds may soon be possible. Much credit was given to Miss E. M. Musson (Great Britain) for her splendid services as Treasurer over a period of very difficult years.

The Committees on Revision of Constitution and Bylaws and on Membership are closely connected with the set-up of the organization and have been responsible to a degree for the smoothly operating machinery of it. Of these, the first, with Miss Jean Gunn (Canada) as Chairman, was particularly active throughout the Council and Congress meetings. The International Council of Nurses has developed rapidly in recent years and each new development required to be regularized by an amendment or a new bylaw. The Florence Nightingale International Foundation, for instance, was actually established since the 1933 Congress. The representation of the Council on the Foundation itself and on its Board of Management, was a matter of extreme importance. According to the bylaw, as accepted, provision has now been made for five representatives to the Foundation, two from English speaking and three from non-English speaking countries. The Board of Management, which is concerned with the actual Course conducted by the Foundation, has three additional members, all of whom must be actively engaged in nursing education and one of whom is now the Convener of the Council's Committee on Education. A fairly complete revision of the whole constitution was made and while many of the changes were routine in character, others were of considerable importance. A Third Vice-President has been added to the Executive and the office of elected Secretary has been eliminated since an Executive Secretary has been appointed. Associate members which are allowed one representative on the Grand Council will have such representation in fututre without power of vote.

Miss Florence H. M. Emory (Canada) has been Chairman of the Membership Committee since 1933 and has been re-elected for a further term. Her committee keeps a vigilant eye on the standards maintained by member organizations, makes a careful and detailed study of all countries seeking active or associate affiliation and makes such recommendations to the Grand Council regarding membership as appear timely and advisable. A questionnaire was sent out to all countries during the 1933-37

"A little bit independent in their walk" *Photo by Cory M. Taylor*
Out-door uniforms at the I. C. N.

period, to secure data on their procedure with reference to nurses admitted to membership, the terms of such membership and the type of general and special training available. A summary of this information formed a part of the report which was presented. Attached also was complete detail as to the constitution of the organizations which had applied for both active and associate membership. This is an important Committee and one which has done excellent work in keeping member countries up to the required standard.

The activity of the Publications Committee of which Miss Mary Roberts (United States) is Chairman, has been rather limited because of the difficulties arising from distance between members. Problems in publication are usually of an emergency nature and decisions are required in less time than is possible when correspondence must be undertaken between countries on opposite sides of the world. Accordingly, recommendations from the Committee were accepted which will provide for a small subcommittee chosen for location, to act in an advisory capacity to "The International Review". The Editor is to have an entirely free hand so far as the *Review* is concerned. The Committee will advise on editorial policy only and will have no responsibility for finances except possibly to support her if development requires sanction of additional expenditure. The Executive-Secretary has been named as Editor for the present but the two offices are not to be considered as one. The Committee will be responsible for all the publications of the International Council of Nurses. The *Review*, which was re-established in 1935, has quite exceeded expectations so far as circulation is concerned and bids fair to be self-supporting before long.

Committees on Education, Public Health and Private Duty maintain contact with similar committees in the member associations. They carry out projects

of interest and value to all nurses, promote mutual understanding by interpreting the groups to one another and provide an excellent means for the study of progress in the different countries.

Miss Isabel M. Stewart (United States) presented the report of the Committee on Education. This Committee has been in operation since 1925, under the present Chairman and has real achievement to its credit. In 1935 "The Educational Programme of the School of Nursing" was published, a colossal work to which the Chairman particularly has given unstintingly of her time and effort and in which she has been supported by members of the Committee in all parts of the world. It has proven invaluable and will continue to be so, to the teaching staffs of all Schools of Nursing and to all persons interested in the construction of curricula. It represents years of careful study and scientific preparation and is intended, not as a standard curriculum but as a guide. It has already been widely distributed and is obtainable from Headquarters Office. An official letter from the International Council wil be sent to education and health agencies in all the different countries in order to draw further attention to it. Permission will be given to countries desiring to translate exerpts from it for distribution within their own country, the Council to be recognized in all cases of quoting or re-publishing. The Programme will be revised when a new edition is required. The Committee held several extremely well attended meetings during the Congress weeks. It is a keenly interested group and not only were the meetings large but all persons attending participated in the discussions. Plans are now under way for a study of postgraduate education which will be undertaken first by questionnaire and later by methods similar to those used in the preparation of material on the basic course. It is hoped that a first report will be ready for the 1941 Congress.

Miss Elizabeth Larsen of Denmark, has been since 1933 the Chairman of the Public Health Nursing Committee which was organized in 1925. Two meetings were held during the Congress and a considerable amount of work accomplished with reference to the type of questionnaire to be used in seeking information during the next quadrennial period. According to the report presented by Miss Larsen, 20 countries, submitting completed questionnaires during the past term, have a total of 44,000 public health nurses. Of this number, 20,000 are in the United States (according to the 1931 census) and 11,000 in Great Britain and Wales. Canada reported 1,660. Three countries, Holland, United States and the Philippines have 379 male public health nurses. All types of service are given in all the countries with a growing tendency toward a generalized plan of work. Visiting nursing is undertaken in 90 percent of the countries and school nursing in 100 percent. Urban work predominates over rural in all countries except Bulgaria, Denmark, Holland, Roumania, Yugoslavia and the Philippines. Rural and urban are about equal in Latvia and New Zealand. A detailed study will be made regarding legislation with reference to public health nursing, provision for postgraduate study, general methods of work and existing opportunities throughout the world. This will be carried out under the leadership of the newly elected Chairman, Miss McEwan of The College of Nursing, London.

Miss Isabel MacDonald (Great Britain), Chairman of the Private Duty Nursing Committee included in her report a summary of the situation concerning private duty in several countries.

South Africa has a shortage of registered nurses for rural districts but an adequate supply for urbans. Strict supervision limits the practice of untrained women. The United States, reporting from a summary prepared by Registrars, believes there has been an increase in recent years in the demand for private nurses. Great Britain, too, shows definite improvement. Czechoslovakia has a real shortage of fully qualified nurses with a great deal of nursing being done by inadequately qualified persons. China reporst a growing interest, particularly in the large towns. France has recently secured legislation providing for compulsory registration of private duty nurses. New Zealand has not enough nurses to meet the demand in private practice. On the whole the situation throughout the world is felt to be encouraging although employment still presents a problem.

Other Committees, close to the member countries through representation, are interested in special subjects which have been referred to the International Council of Nurses for study and for which special committees have been set up. Of these the Committee on Ethics of Nursing presented no report, the late Mlle Chaptal having been Chairman at the time of her death in March, 1937. The study is to be continued under the leadership of Miss B. Alexander (South Africa).

Mrs. K. Neuman Rahn (Finland) who has been Chairman of the Committee on Mental Nursing and Hygiene for ten years, presented a most comprehensive report on its objectives and activities. A study has been undertaken relating to the preparation of the nurse in various countries for work in mental hospitals. From this study suggestions have been made to the Education Committee in the hope that the subject might be introduced into the education programme. A summary of reports from 13 countries shows slow progress in the majority but rather outstanding results in a few such as United States, Finland, Holland and Norway. Recommendations presented to the Council asked for the integration of mental nursing in the general nursing course, for special preparation by nurses for executive positions in mental hospitals, social mental clinics, etc., for further development of post-graduate courses and for closer relationship of nurse organizations with mental hygiene associations. The need for a reference book on mental hygiene was noted.

Consulting the Oracle of London
Photo by Cory M. Taylor

The Chairman of the Health Statistics Committee, Miss D. Pietzcher (Austria), has evidently had considerable difficulty in a work which has been carried out entirely through questionnaires sent to

Schools of Nursing in the member countries. The object of the Committee is to conduct a survey over a five year period, (1935-1940) of health conditions among student nurses. The information sought is apparently difficult to obtain as questionnaires have either not been returned or have been indifferently completed. The Committee is to continue its efforts and has asked the cooperation of the Presidents of Associations in securing information in greater quantity and with more accuracy. This is an important study to which it is hoped Schools of Nursing will give every possible assistance. The publication of results is anticipated.

To report on the Committees of the International Council of Nurses is to report on much of the work of the sessions of the Board of Directors and the Grand Council. However, any report can indicate only the framework and can give no real idea of the superstructure which was the discussion and which made the meetings so full of interest. To have attended them was a distinct privilege as well as a valuable education.

Annual Meeting in New Brunswick

The twenty-second meeting of the New Brunswick Association of Registered Nurses was held in St. Stephen from September 28-29 inclusive. The President of the Association, Mrs. G. E. van Dorsser, presided at all sessions. Seventy-eight members were in attendance, representing all the provincial districts. A welcome was extended by Councillor Hieatt, acting mayor of St. Stephen and a gracious letter, sending greetings and good wishes, was received from Miss Ruby M. Simpson, President of the Canadian Nurses Association. In her presidential address, Mrs. van Dorsser, outlined the scope of activities of the Canadian Nurses Association and urged the nurses to keep themselves informed concerning these and to co-operate by means of provincial membership.

The report of the secretary-treasurer-registrar, Miss Maude E. Retallick, stated that the paid-up membership in the Association is 672 but that, unfortunately, 291 additional members are in arrears. Miss Retallick reported that all schools of nursing in the Province, with one exception, have been visited by her. It was later decided that the registrar shall continue to visit the schools and that the time allotted for executive council meetings shall be extended in order that her reports may be received and dealt with. The auditor's report concerning finances was presented and showed the Association to be in a very creditable financial condition.

A very satisfactory report of the Red Cross Enrolment Committee was presented by Miss Nan Estabrook, its con-

vener. New Brunswick is the first Canadian province to attain its quota. A letter of commendation was presented from Dr. J. L. Biggar, secretary for the National Joint Committee for Enrolment. He heartily congratulated the New Brunswick Committee on the success of its efforts.

Reports were presented from the Nursing Education Section and from the Committee on Instruction, both dealing with the implications of the Proposed Curriculum for Schools of Nursing in Canada. Prolonged discussion followed the reading of these reports and the belief was expressed that in some of its phases the Curriculum appears to be too academic for practical application. Nevertheless an effort is being made by many of the schools of nursing in New Brunswick to test it out fairly and to adjust the teaching programme in accordance with its recommendations.

The Private Duty Section reported a decided improvement in employment conditions in the Province during the latter months of the year. A recommendation was made that a private duty section be organized in each provincial Chapter and that the section have charge of one Chapter meeting in each year. It was also suggested that the private duty nurses undertake to organize a refresher course in 1938. Unfortunately no progress appears to have been made in establishing an eight-hour day and it is a matter for regret that some hospitals still employ special duty nurses on a twenty-four hour schedule. The report of the Registry Committee was read by Miss McMullen, its convener. Details of registries, as organized in New Brunswick, were presented to the meeting.

The report of the Public Health Section was read by its convener, Miss A. A. Burns, who stated that a total of 29 public health nurses are employed in the eleven centres in the Province. An excellent refresher course in public health, sponsored by the Department of Health, had been well attended and thoroughly appreciated.

The report of the provincial committee on Dominion Registration was read by the convener, Miss A. J. MacMaster. The discussion centered round the privileges which would be enjoyed through Dominion registration, keeping in mind the fact that such registration is entirely optional. The report of the provincial Florence Nightingale Memorial Committee was presented by its convener, Miss Coleman. It was gratifying to note that all obligations by way of contributions to the scholarship and endowment fund have been regularly met. In addition, a substantial contribution was made to the Bazaar organized by the British Red Cross Society in support of the Foundation.

A detailed and most interesting report of the International Council of Nurses was presented by Mrs. van Dorsser. Reports from the local Chapters of Fredericton, Moncton, Saint John and St. Stephen were presented. These showed a wide range of activities. At the closing session it was recommended that the incoming Executive Committee shall consider the feasibility of establishing a scholarship fund for the benefit of graduates of schools of nursing in New Brunswick, either as a loan fund or as a gift. It was decided to send three delegates representing the Sections of Public Health, Nursing Education and Private Duty to represent the Provincial Association at the biennial meeting of the Canadian Nurses Association which is to be held in Halifax in 1938. A cordial invitation to hold the annual meeting of the Provincial Association in Saint John, in 1938, was accepted with enthusiasm.

Generous hospitality was extended to the members during the meeting. A delightful dinner was arranged at the St.

Croix Country Club, Calais, Me. In welcoming the guests, in her capacity as president of the local Chapter, Miss McMullen referred to the friendly feeling and mutual co-operation which exist on both sides of the border and said that local residents are almost unaware of the presence of a dividing line. After dinner, Dr. E. C. Menzies, medical superintendent of the Provincial Hospital, Saint John, gave a very able address on modern psychiatry and spoke of the changing methods and ideas with regard to the treatment of mental diseases. Another pleasant occasion took the form of a drive to St. Andrews, followed by tea. This courtesy was extended by the doctors of St. Stephen and was very much enjoyed. A delightful luncheon was also arranged by the St. Stephen chapter in honour of the members and guests from other parts of the Province.

The election of officers resulted as follows: President, Mrs. G. E. van Dorsser; first vice-president, Miss A. J. MacMaster; second vice-president, Mrs. A. Woodcock; honorary secretary, Reverend Sister Kenny; convener of the nursing education section, Reverend Sister Kerr; public health section, Miss A. Burns; private duty section, Miss Kathleen Lawson; legislation committee, Miss H. S. Dykeman; The Canadian Nurse, Miss Lois Smith; The councillors are as follows: Miss Marion Myers, Saint John; Miss Edith Brown, Fredericton; Misses Mabel McMullen and Miss Clara Boyd, St. Stephen; Miss Florence Breau, Moncton; Miss Beatrice Hadrill, Newcastle; Miss Elsie Tulloch, Woodstock; The Secretary-Treasurer-Registrar, Miss Maude E. Retallick.

Appointments

Miss Reta Follis has resigned from the staff of the Pembroke Cottage Hospital and has been appointed superintendent of nurses at the Chipman Memorial Hospital, St. Stephen, N.B.

Miss M. E. Ingham, until recently a member of the nursing staff of the Toronto General Hospital, has been appointed superintendent of nurses in the Moose Jaw General Hospital, Moose Jaw, Saskatchewan.

Miss Inga Johnson, formerly superintendent of the Icelandic Old Peoples Home at Gimli, has been appointed Matron of Dr. Robertson's Hospital at Flin Flon, Manitoba.

Miss Mary L. Jacobs, formerly superintendent of nurses at the Ontario Hospital, London, has been appointed superintendent of nurses of the Sarnia General Hospital, Sarnia, Ontario.

Miss Alice G. Turner, of London, Ontario, formerly assistant superintendent of the Christie Street Hospital, Toronto, has been appointed to succeed Miss Jean Matheson as Matron of Shaughnessy Hospital, Vancouver.

THE EDITOR'S DESK

Coming Events

The Conjoint Convention of the Alberta Association of Registered Nurses, the Alberta Hospitals Association and the Municipal Hospitals Association will be held at the Macdonald Hotel, Edmonton, November 15, 16, and 17, inclusive. Miss Ruby M. Simpson, O.B.E., President of the Canadian Nurses Association, will be the guest of the Alberta Registered Nurses Association during what promises to be a most interesting meeting.

Reader's Guide

In our leading article, the president of the Canadian Nurses Association, Miss Ruby M. Simpson, tells us about the inner workings of the I.C.N. △ The *Journal* publishes with pleasure the able address delivered at the Congress by Miss Elizabeth Smellie, chief superintendent of the Victorian Order of Nurses. △ Miss Esther Lewis shows us how one important recommendation of our Curriculum is being interpreted in terms of action.

Porcupine Chapter

Under the caption of *News Notes* you will find a modest account of the annual meeting of District 9, Registered Nurses Association of Ontario, recently held in Timmins, under the auspices of its Porcupine Chapter. The picturesque name comes of course from the famous Porcupine mining camp where twenty-five years ago, rich deposits of gold were found. These are now being profitably exploited and, if you motor at night from Timmins through the neighbouring towns of Schumacher and South Porcupine you will see the enormous buildings of the Hollinger and the McIntyre mines, blazing with lights, thrusting their shafts a mile deep into the solid rock.

Now take out your map and look at District 9. It includes Manitoulin Island, far out in Lake Superior, together with the towns of Gravenhurst, Sudbury, North Bay, Sault Ste. Marie, New Liskeard, Cochrane, Kirkland Lake, Iroquois Falls, and many more. Relatively speaking, there are not many nurses in this vast territory but somehow they impinge. This District arrives at the annual meeting of the R.N.A.O. with its quotas met, its objectives attained, its delegates instructed. The budget may be straitened but is never in the red. Such things mean good leadership: the sort that has been given unselfishly through the years by officers of the calibre of Elizabeth Smith of New Liskeard and Robena Buchanan of Gravenhurst. And it means a loyal membership, too. Delegates came to this meeting in Timmins from every local chapter, at a considerable sacrifice of both time and money.

Perhaps the country itself has a magic which gets into the blood. At North Bay the trees were a blaze of scarlet and gold and at Timiskaming, men with guns and packs got off the train and claimed eager whining dogs from the baggage car. Farther north the landscape changed, the woods thinned out and there was a blue hill or two on the horizon. Over it all was the breath of the woods, the pure air, the blue sky: "the true North, strong and free."

Someday, when you are tempted to stay away from a nurses' meeting because it entails an expenditure of eighty-five cents, an hour on a bus or even an inconvenient over-night journey, just think of the nurses of District 9. There they take 500 miles in their stride and make no fuss about it either.

A Munificent Gift

A generous grant has been made by the Rockefeller Foundation to the Department of Nursing, University of British Columbia, with a view to promoting better correlation of the theoretical and practical work of the course in Public Health Nursing. The grant covers a period of three years, and fully provides for the services of a whole-time supervisor of field work. This gift was most opportune, as the health organizations of Vancouver and adjacent municipalities had only recently been united under the direction of the Metropolitan Health Board of Greater Vancouver, a step which should result in a well-balanced, generalized health service to the whole district. The Rockefeller Foundation grant to the University should ensure closer co-operation with the Metropolitan Health Board, and with other civic and rural social and health agencies, in the provision of field-work facilities for the students in public health nursing.

The University was fortunate in securing Miss Fyvie Young to fill the position of field-work supervisor and also to participate in the theoretical instruction of students. A graduate of the University of British Columbia, from which she received the degree of Bachelor of Applied Science (Nursing), the recipient of a Rockefeller Foundation Fellowship, under which she carried on postgraduate study in supervision in public health nursing at Columbia University, receiving her Master's degree,—Miss Young is academically well qualified for her new post. Her experience in public health nursing in semi-rural districts of British Columbia, and more recently as secretary to the Division on Maternal and Child Hygiene of the Canadian Welfare Council of Canada, has provided a background which should prove invaluable in this new work.

A Timely Warning

Miss Helen Randal, Registrar of the Registered Nurses Association of British Columbia, has asked the *Journal* to give prominence to the following statement:

At a recent meeting of the Council of the Registered Nurses Association of British Columbia the problem of the large number of graduate nurses who have been, and still are, flocking into British Columbia, was carefully considered and much anxiety expressed as to the future of these young women. Not even in the worst days of the depression have so many come to the Pacific Coast—and there is not sufficient nursing to permit continued employment of the British Columbia nurses who are well known to both hospitals and doctors.

Letters have been written to the three Prairie Provinces (most, but not all of these new-comers are from them) to ask that publicity be given to the fact that there is a surplus of well trained registered nurses in British Columbia, and requesting that nurses be so informed. Not all nurses are eligible for registration in British Columbia and each nurse wishing to come to this province should write to the office of the Registrar, enclosing data concerning her preliminary education as well as her professional qualifications. The address is: Miss Helen Randal, Registrar, Registered Nurses Association of British Columbia, 250 Vancouver Block, Vancouver, B.C.

Obviously it would be wise for nurses to follow this good advice and to look before they leap.

Getting on with our Knitting

ESTHER E. LEWIS

Health Adviser, Public Health Instructor, School for Nursing, The Montreal General Hospital

Do you knit? Before the comfortable and beautiful creations of today could be evolved, there had to be a theory upon which to base the practice and experiment which has resulted in the production of garments as various as the needs of the wearers. Having laboriously knitted your first sweater would you be content to throw it aside because it did not quite fit, or there might be a dropped stitch or two? Would you not justify your labour by trying it on and, having rectified the mistakes as well as you could, sally forth to brave the world? The durability, comfort and appeal of your garment might decide its fate — and shape your knitting career!

Now your sweater may not meet my requirements. I may choose a simpler pattern or knit with finer wools. But we have a common aim and are both guided by the fundamental theory which governs the simplest techniques. Neither of us would be deterred from making a beginning because the wool is blue and coarse instead of soft and pink. Is not this the spirit in which to tackle some of the problems which confront us in our schools of nursing? For example, need we wait for ideal conditions before introducing the student nurse to the elementary principles of public health? Why not use available resources to the best possible advantage, and get on with our knitting!

In an article appearing in the September issue of *The Canadian Nurse*, Miss Mary Mathewson says:

> Certain essential aspects have been neglected in the undergraduate course, notably the health and social aspects. Briefly, the health aspects may be said to include knowledge of normal healthy individuals, measures for keeping them in health, measures for the prevention of preventable diseases and for the protection of the community from infected individuals. The community aspects involve knowledge of living conditions, of family life, of health and social legislation and resources for the relief of distress. The integration of the community health aspects throughout the basic course is a fundamental issue.

Miss Mathewson classifies situations which, in the past, nurses have not been trained to meet as follows:

Participation in health supervision programmes.

Nursing many types and degrees of illness not usually encountered in hospital.

Improvizing equipment in the home.

To prepare the young graduate for these situations which she will surely meet, Miss Mathewson recommends that: "Every available resource, and those latent possibilities capable of development within the home school itself, must be utilized. The desired result can be attained only by common understanding of objectives and co-operation of all members of the nursing staff." This then, is the task which we are now

undertaking in the School for Nurses of the Montreal General Hospital.

Before attempting to put our plans into action it was fortunately possible for the newly appointed public health instructor and health adviser to take a short course in the School of Nursing of the New York Hospital where Miss Harriet Frost, who is the director of public health in that School, arranged, after consultation, a comprehensive programme of conferences and observation.

Education of the student nurse is the prime consideration of the School of Nursing of the New York Hospital and this is facilitated by the employment of graduate staff nurses who are largely responsible for the nursing service on the wards. Cause, prevention and cure of illness are interwoven so smoothly that the fabric presents no design self-consciously labelled "public health." The presence on the teaching staff of well qualified enthusiastic members, with varying backgrounds, provides a stimulating atmosphere. Many have had teaching, supervisory and public health experience elsewhere and, under enlightened direction, each department strives to supplement the work of all the others.

Miss Frost's method of integrating public health in the basic course is to correlate and direct the daily activities of her fellow-workers in such a manner as to emphasize the preventive and social aspects of all nursing situations. The students are first "oriented" to their new surroundings, their health and other personal problems receiving attention. Within a few weeks, the student nurse is introduced to the patient through the outpatient department, this experience including clinic and home observation. At the end of six months Miss Frost gives a course on the social and economic aspects of nursing, upon which is based, in the third year, a course on home and community nursing. Health education, mental hygiene and sociology are integrated with these discussions. Nutrition is learned as a separate subject, but its application to health and disease is constantly linked with current experience.

On the wards the case method is used exclusively. In the classroom case studies are presented, demonstrations are given and participation in group discussion is encouraged. These measures develop poise and initiative in the student and keep the teacher "on her toes." All experience is correlated. For instance, during the three months allocated to obstetrics the nurse receives her gynecological, delivery and post-partum training. Linked with this is one month spent in the obstetrical outpatients department where the student attends prenatal and post-natal clinics. She observes for one week with the New York Maternity Centre Association, participating in the home contacts made by members of its supervisory staff.

In the third year emphasis is placed on work in the community. In preparation for the two months experience with the Henry Street Visiting Nurses Association (which every student gets) Miss Frost works out the course on home and community nursing in collaboration with the director of that Association. This illustrates the acceptance of the truth thus stated by Miss Mathewson: "Such affiliation must not be considered in any sense as a substitute for the interweaving of preventive phases throughout the undergraduate period. It is rather a further opportunity for the consolidation of all previous learnings." Miss Mathewson also points out that varying conditions throughout Canada make adequate affiliation unattainable at present for all students and recommends experimentation with any other resources which may be available.

Having analyzed our needs, and hav-

"The living tide which ebbs and flows through our doors."

ing observed an elaborate though eminently practical demonstration of how others meet similar needs, we next put the sincerity of our intentions to the test. What have *we* on hand to work with? We find that we have the unlimited human contacts common to all large hospitals: the living tide which ebbs and flows through our doors, leaving a ripple imprisoned for awhile within our walls — as pools from the sea are caught by the rocks.

At the Montreal General Hospital, in February, 1937, it was decided to use the facilities of the outdoor department in the introduction of a class of 21 students. Designed to create the impression of hospital service permeating and interrelated with the community, a series of four talks was arranged. Early in the term, Miss J. A. Murphy, director of the outdoor department, spoke to the group on its relationship to the hospital, to the social service department, and to the community, and outlined the services which it performs. The admitting officer, Dr. D. E. Rodger, discussed interesting aspects of routine and emergency procedures, linking many phases of hospital administration with the outside world. Observation of records and discussion of work by Miss S. Venn who is in charge of the registration department, should show results since details of co-operation between wards, clinics and the department itself were clarified. As with previous groups, Miss M. A. Davison, social service director, discussed the functions of medical social service and the facilities at the M. G. H. for carrying these out.

Against the background thus provided, the student nurse began to see the patient as an individual, with a home and family. The following experiment was then undertaken with excited anticipation and subsequent satisfaction. During the preliminary term each student nurse spent a morning with a patient in the outdoor department, the children's clinic being chosen as the most suitable field of observation from the point of view of education of the student and the convenience of the staff. The examining rooms are conveniently arranged and the attending pediatricians are able teachers. Groups of three reported on successive clinic days to the

registration department where they were assigned selected new cases by the nurse in charge.

During the preliminary investigation and all subsequent procedures, the student nurse remained with the child and parent. The object and value of such experience was discussed beforehand and the student was given simple suggestions as to what to look for. She was advised to note particularly the patient's point of view, and to write up the morning's experience, giving her own observations and comments. These three students, with an outdoor department staff nurse, a social service worker and the public health instructor held a conference on the afternoon of the same day on which observations were made, and each student in turn presented her study. An interesting example of the reaction of the students is the following informal report, given by one of them:

Bobby is a little chap aged nineteen months. He is a bright, healthy fair-haired child, with big blue eyes and exceedingly active. He was my patient in the outdoor department one morning and I followed him through the various clinics. This particular morning he was accompanied by his father, Mr. B.—, who I soon learned had brought the child to the clinic in order that he have a Wasserman test. I did not ask any further questions but while I sat with the father and small son waiting for the child to have the test taken, Mr. B— told me that the Family Welfare Association had referred him to the social service department. I learned that Bobby had already spent eight months in another hospital where he underwent a mastoid operation. The father then told me that Bobby's mother attended the genito-urinary clinic but that he had a hard time making her come for treatments. He seemed very anxious for the little chap to have the Wasserman taken and was visibly worried.

He went on to say that he was unemployed. He told me that he had an interest in farming and that he had a chance of going on a rented farm. The difficulty of carrying out this plan lay in the fact that the mother was antagonistic to the idea because she didn't want to lead the life on a farm. The father seemed very anxious to do so and expressed the opinion that it would be much better for Bobby, of whom he appeared to be very fond. That afternoon I learned through a conference that Bobby was the mother's child born before the B—s were married. I also discovered that Mr. B.— attended the clinic and came much more steadily and was a much better patient than the mother.

The Reception Office

Each student nurse was later assigned for one week to the social service department of the Western Division of the Montreal General Hospital, under the supervision of its director Miss C. Gass, with whom the public health instructor had previously discussed plans for desirable experience. This included clinic, ward and home visits to show continuity where practicable; conferences with workers; making outside contacts, such as community agency meetings and intelligently writing up home visits. Excursions to the Victorian Order of Nurses and the Family Welfare Association linked up the work of various agen-

The Children's Clinic at the M. G. H.

cies with that of hospital nursing and social service. All the departments which were asked to help in the enrichment of the experience have been most helpful. Trips to the Guaranteed Pure Milk Company and to the City Water Filtration plant have been included for some years and aid considerably in demonstrating prevention.

During the preliminary term, health education was combined closely with matters related to the student's own health, and with the study of the cause and prevention of disease. Discussion of the organization and aims of the Montreal General Hospital health service for undergraduate nurses introduced a series of twelve talks which aimed to teach, and informally to supervise, health habits. Based on the student's needs, as shown by a health knowledge test, the adaptation of the nurse to her new environment was appreciated in terms of nutrition, recreation and mental health. Correlated with the Schick and Dick tests, and with typhoid inoculation, were discussions of their origin and use. At the same time, bacteriology lectures and laboratory work and a demonstration of operating room technique helped to translate medical terms into daily practise.

All nurses in training receive physical examination, chest X-ray and urinalysis upon entrance. These measures are repeated annually thereafter and as the need arises. By prompt remedial measures and the encouragement of early reporting of illness it is hoped to stress the importance attached to prevention. Monthly weighing of the students gives them and the health adviser the mutual opportunity of improving acquaintance. Many nurses welcome the chance to bring up matters which they might consider too trivial to report but which may have been a source of private worry and indeed may be worthy of attention. Vaccination is required before entrance; orthopaedic and dental examinations are given early in the preliminary term.

Morning and afternoon hours are appointed for consultation with the health adviser, though emergencies may be reported at any time. In his capacity as health officer, Dr. B. S. Johnston, the medical superintendent, co-ordinates and directs the administration of the health service, through him the resources of modern medical science are at the nurse's service. Those suffering from minor illnesses are nursed in the Residence by graduate nurses, daily rounds being made by the health officer and the health adviser. Simple graphs are kept to show the fluctuations of illness among student nurses, and individual health records are kept for each nurse.

It is hoped that as a natural sequence of the nurse's conviction of the importance of health and the possibility of preventing many types and degrees of illness, the patient will also benefit. It therefore seems desirable that the preliminary health education course should be followed within a few months by a discusion of the nurse as health teacher, illustrating her opportunities with actual ward situations. Following the hospital patient from her bed to the home, in spirit at least, stimulates the imagination, and I have found student nurses show surprising flashes of insight in dealing theoretically with social and economic problems bearing upon health.

The importance of staff nurses as teachers, and the necessity of their cooperation in carrying out the work begun in the classroom cannot be overestimated. Day by day teaching of the principles of prevention and their illustration by practise can only be made vital during contact with the patient. We may not be prepared to accept full responsibility for this new approach all at once, but let us realize that we each have a definite part to play in this public health programme, as for example:

The important effect of home conditions on health may be discussed at length in the classroom. A home visit with the social service worker who interprets the conditions found there will impress the nurse with the truth of what she has been told.

When a patient is discharged from a surgical ward with a wound not entirely healed, the head nurse can supervise the teaching of home care by a younger nurse and tell her how to give the instructions for return to the clinic. She can thus make clear the link between the hospital and the outdoor department.

In the baby ward, the head nurse should emphasize the value of habit formation, and arrange for the student to be responsible for this phase of nursing an infant who may be a patient for any length of time. We all know the importance of habits in our adjustment to life, and if the nurse can persuade the mother to continue the training begun in hospital she will have done something worthwhile.

Under the proper department, the essentials of normal diet and prevention of faulty conditions due to malnutrition should be linked up with the daily preparation and planning of hospital diets. Knowledge of normal nutrition requirements and food costs might then be passed on to mothers in the clinic. These women are often bewildered or haphazard in the choice of food, and guidance in the right direction means better health.

It is beyond question, that the nurse who directs the integration of public health in the undergraduate course must fulfill definite educational requirements and must have had several years of experience in the public health field. It is equally true, however, that each of her fellow-workers has a large share in the success of that work. At the Montreal General Hospital a public health nurse combines the duties of health adviser with those of teaching and directing public health activities, but the introduction of the experiences described above has been made possible only through the interest and willingness to adjust of those

responsible for the direction of the programme as a whole. Integration of future plans will require continued adjustment, co-operation and foresight. Imperfect and experimental, our efforts need the tonic of friendly comparison with others directed to the same purpose.

Staff conferences, university courses, exchange of head nurses with public health agencies, addition to our staff of experienced field workers! These are fine strong wools with which to work. We should invest in them as our budget permits. In the meantime let us get on with our knitting. Winter is coming!

Book Reviews

Introduction to The Principles of Nursing Care, under the general editorship of Martha Ruth Smith, M.A., R.N., Assistant principal and supervisor of instruction in nursing practice, Massachusetts General Hospital, instructor in nursing, Simmons College School of Nursing. Science Advisor, Jean Broadhurst, Ph.D., Professor of Bacteriology, Teachers College, Columbia University. Contributing authors: Anne L. Austin, M.A., R.N.; Sister M. Berenice Beck, Ph.D., R.N.; Mina M. Boober, M.A., R.N.; Jean Broadhurst, Ph.D.; Katharine J. Densford, M.A., R.N.; Charles P. Emerson, M.D.; Ann H. Gardiner, M.A., R.N.; Agnes B. Meade, B.S., R.N.; Martha Ruth Smith, M.A., R.N.; Florence K. Wilson, M.A., R.N.; Lulu K. Wolf, B.S., R.N. 604 Pages. Illustrated. Published by The J. B. Lippincott Company, Canadian Office: 525 Confederation Bldg., Montreal, P.Q. Price, $3.00.

The names of those who have contributed to the making of this volume are in themselves a guarantee of its soundness and authority but this assurance is not its only or even its chief merit. This book is important because it breaks new ground. It differs in concept, in approach, and in content from all other texts on nursing. Its main objective is best described by the editor, Martha Ruth Smith, in these words:

This book is written as a textbook for the nurse who is just beginning her nursing education. It strives to give her an adequate view of good nursing today so that from her first practice of nursing she may be fully conscious of the responsibility which she is sharing, and the contribution which she is making to the field of illness, care, disease prevention and health conservation. It hopes also to enable her to gain an understanding of the principles involved in planning and carrying out good nursing care so that she may intelligently, effectively and expertly adapt these fundamental principles to her care and nursing treatments that they may meet the specific nursing needs of the individual patient. On the shoulders of the teachers of the first nursing course rests a very heavy responsibility. They integrate around the care of the patient the knowledge gained in all courses, provide opportunity for the student to develop manual skill and interpret the aims and responsibilities of nursing and how these fit in with the total recovery and welfare plans. The concept of nursing gained from them forever holds the advantage of primacy in learning.

The object of the book having been summed up in this simple statement, let us now ask to what extent they have

been attained. Before saying what the book is, it may be well to say what it is not. It is emphatically not a manual of nursing procedure. To quote the editor once more:

Contrary to the usual custom, nursing procedures are not given as detailed technics. Instead emphasis is placed upon the principles involved in each procedure. Principles do not vary. They provide the "why" which helped frame the procedures. It is only in the "how" that variation in procedure may be expected. It is in terms of scientific principles that all intelligent and effective nursing care is performed.

Today most hospitals have their own manuals of standard nursing procedures which outline in detail the specific technics which are adapted to the physical arrangement and the equipment (for equipment varies) of that institution. These technics outline some person's or group's ideal of the most efficient way of carrying out any one procedure and there are naturally many different ways of securing the same result. It is probably well that there are so many different methods of procedure. They amply illustrate that there can be no one best way —particularly since every patient differs and any technic may have to be somewhat modified every time it is used.

The book lives up to this philosophy throughout; it is an introduction to the *principles* of nursing care, nothing more and nothing less. The content has been organized into three units, thus corresponding to the unit plan of the new Curriculum Guide for Schools of Nursing.

Unit 1. Perspective of nursing and its relationships.

Unit 2. General nursing care.

Unit 3. Principles of remedial nursing procedures.

The first chapter consists of a related series of records of nursing situations, each of which gives a vivid picture of a real person under the stress of illness. Miles away from the dreary "case histories" of the past, each of these records is a human document. The succeeding chapters in this unit deal with nursing in its personal and community relationships. Planning for nursing care follows in a natural sequence and the unit is rounded off by an excellent summary of the general principles underlying nursing methods. Unit 2 is composed of six chapters dealing with general nursing care including the provision and maintenance of the right physical environment.

Unit 3 deals with the principles of remedial nursing procedures and is subdivided into three sections. The introductory chapter, "This Human Body" is written by Dr. Charles P. Emerson and gives exactly the right approach. Space does not permit detailed description of this comprehensive unit but brief reference must be made to the excellent contribution made by Professor Jean Broadhurst under the caption of "Scientific bases underlying nursing procedures." These bases are grouped under the headings of physics, chemistry and bacteriology, physiology and psychology. The "tie-up" is extraordinarily well done and should be closely studied, especially by instructors.

It might be possible to pick minor flaws in this book, but it seems futile to try to do so. We have here a nursing text which is as remarkable for its scope as for its soundness. Its dignity and breadth of thought are alike admirable. In a word: it is worthy of its subject and of those who have contributed to it.

E. J.

Oh, Nurse!

The little book "Oh, Nurse" by Merle O. Watson makes an ideal gift either for a nurse or a hospital patient. It may be obtained by writing the author at 404 Victoria Ave. N., Hamilton, Ont. Price $1.00 per copy, or 3 copies for $2.00 post paid.

DEPARTMENT OF PUBLIC HEALTH NURSING

The Community and Public Health

ELIZABETH SMELLIE

Chief Superintendent, The Victorian Order of Nurses for Canada

The International Council of Nurses represents so many countries and peoples living under such vastly different conditions that despite modern facilities available on land, at sea and in the air, the average person finds it somewhat difficult to orient herself or immediately to grasp the significance of certain developments associated with the programme of public health work in a country hundreds, possibly thousands of miles away.

Each nation possesses something individually characteristic; none, so far as one knows, has evolved a fully comprehensive and satisfactory health service. Older countries are apt to believe that the newer ones have immeasurable wealth, unbounded opportunity and fewer reactionary influences to combat —not necessarily—nevertheless our common problems create a bond of sympathy.

In outlining a health education programme, due consideration must be given to such factors as the distribution of population, whether domiciled in the more densely populated centres, the semi-rural sections, or the more sparsely settled open spaces where naturally, because of inaccessibility, there is greater dependence upon transportation, the condition of the highways and the rigours of climate. Other factors are the prevailing economic conditions, the educational advantages enjoyed by the people, the types of health problems with which to contend, the facilities available for medical treatment, the direct application of the more recent medical discoveries, the co-operation of the medical profession, the awareness of governments, the degree of participation of the laity, the utilization of services available (official and voluntary), and the proportionate number of qualified full-time health workers employed.

Nursing can scarcely be considered as an entity, dependent as it is upon the development of the health unit of which it is an important and most essential constituent. Our primary aim must be to interest and convince the public of the material advantage accruing to a community fortunate enough to possess an alert and efficient health department, including an adequate, supervised nursing service. The public—who are they? And what do we mean by educating them? If we accept one definition of "educate" as "to guide in getting knowledge", and a definition of the "public" as "the people of a nation, city or district", it is to appreciate more than ever how limitless are the opportunities of the public health nurse. Our responsibility cannot easily be evaded if *we* are "to guide, in getting knowledge, the people of a district, city or nation".

Progress has been retarded during the past few years for economic reasons and because of the stupendous relief programme, without in some countries at least, financial provision for medical

treatment in case of illness or for unemployment or health insurance. In many instances, staffs have had to be reduced and work restricted because of limited resources. Preventive work is complicated when there are not adequate facilities for hospitalization or for treatment. There is little doubt that the public is not sufficiently well informed regarding the possibilities of preventive or, indeed, of early curative treatment as a preventive measure. Dr. George C. Ruhland has said: "Even in a storm, one does not likely throw overboard what one counts of great value. If the appropriations for public health services are skimpy and have been cut during the depression, when they should have been increased or at least let alone, it is undoubtedly because the large mass of the public do not yet know what this service does and means."

The problem of how to interest and stimulate the people to action, (whether resident in rural or urban areas) is of equal importance. To quote *Public Health Nursing* there must necessarily be: "careful analysis of public health nursing services in relation to community needs. More support from official funds is needed . . . Community backing for support is dependent upon an informed public. The respective functions of public and private agencies should be clearly outlined and interpreted . . . Understanding of public health nursing is vital to its effectiveness in meeting community needs."

Primarily we must have an objective, know whom we wish to reach and how to go about it, have a knowledge of the particular district to be served, of the characteristics of the people, of the specific problems presenting in that section, and before launching an educational programme to initiate new work, we must be confident that our plan is economically sound—whether the programme be national, state, or local in concept. Interested voluntary workers may be sought, given specific work to do and assisted through individual and group conferences. Another way in which the service may be interpreted to the community, the importance of maintaining a high standard of service emphasized, and explanation made as to what public health nursing has to offer, is to have able and diversified voluntary representation on boards, councils and other health bodies.

A section of the population resents the implication that "they *need* to be educated"; this is looked upon as a voluntary rather than obligatory matter. This may sound trivial and assumes importance only insofar as it calls for more individual and collective effort on our part. Miss Rood said in an address last year: "The adult is a student by volition. He has no direct incentive to submit himself to instruction. He has no credits or degrees dangling before him . . . There is no incentive except the desire to increase his learning. Learning, therefore, must be made interesting to him and demonstrated to be worthwhile in itself. No force but the attraction of interest can hold him."

Nurses as a group are slow to appreciate the necessity for publicity in relation to health work. Nevertheless it is a competitive world in which we are living today. According to David Resnick: "The great handicap of most non-professional publicity workers is their lack of a sense of news value." It is pleasing to note that this can be developed. An executive head of an organization frequently has to assume, in addition to her other duties, some responsibility in this regard. Publicity must be based on facts and actual performance of useful services.

In "Principles of Publicity," by Quiett and Casey, we learn that:

There is a legitimate field for publicity that has news, information or entertainment value for the newspaper reader. When publicity is judged by the same scale of values as the rest of the material in the newspaper and is found worthy of a place on its own merits, it deserves to be termed "legitimate". Newspaper men are aware of this and they accept and welcome publicity material that lives up to their standards. Because it is impossible for the newspapers to cover every phase of life, there are great fields of knowledge and news that are untouched by the press and must remain so unless those who are thoroughly capable of interpreting these fields are given opportunity to do so.

With no limit to opportunity, it is still helpful to maintain a proper sense of proportion so that in reviewing the various activities to be undertaken each is assigned a relative value. Advance planning and the spirit which permeates an administration is responsible largely for its measure of success. Continuous staff education is one means of providing effective stimulus. One can scarcely discuss this particular aspect of public health work without some reference to the importance of relationships in extending health services—with the medical profession, the health officials, the administrative body of whatever type—as between official and voluntary health agencies—allied groups, the family served and the public at large. All these involve not only professional ability but something which can scarcely be acquired from books or instruction, which is dependent upon careful selection of the individual in the beginning, upon her educational and professional background, her adaptability and knowledge gained from experience. The best plan in the world can be jeopardized by an unfortunate staff appointment.

To sum up, there is no routine method of approach to the public, but here are some guiding principles:

Those giving leadership must know whom they are leading and where they are going and why, and be prepared to carry on a continuous programme.

No plan can be fully effective unless the participation of the practising physician is enlisted.

There must be absolute conviction on the part of the workers that the programme is worthwhile if there is to be concentration on the aim in view.

Any plan should be reviewed at regular intervals.

Good professional leadership, with a fully qualified loyal staff, is an invaluable asset to any community.

To present a united front is essential.

The large mass of the people is not yet impressed with the importance of preventive work and the development of a voluntary group, as a nucleus for influencing public opinion, is very much worthwhile. Voluntary workers must necessarily understand their community health problems and, to be really effective, require professional assistance and guidance. It may as well be admitted that in order to extend the knowledge of public health work, it is short-sighted not to call upon those to help us who understand publicity, who recognize what *is* news and what particular aspect of the programme is most likely to attract the interest of the "man in the street" or the "woman in the home". Until the people are better informed and become insistent that certain changes be made and the necessary funds provided, legislatures and official bodies are not likely to be sufficiently impressed to take action to build up and to maintain effective health services.

One gladly pays tribute to the widespread influence of the individual public health nurse who has pioneered and given her best to this special field. In her daily visits and contacts she is the best interpreter of the service although not invariably the most articulate pub-

licist. As Livingstone Farrand said in the foreword to the *Survey of Public Health Nursing*: "The part which public health nursing plays and must play in any organized effort to improve vitality under modern conditions is so obvious that it no longer needs argument."

Finally, having written this paper, I came upon a statement in the British press which surely gives us the inspiration needed at the moment as to how to institute a national campaign under official leadership to extend information and to popularize the use of the health services available in any country. The article was headed: "Use your health services" and makes this encouraging announcement: "A great national health campaign to popularize the use of the nation's health services will be inaugurated by the Prime Minister in October. Leading men of all parties will give it support and meetings will be held all over the country. Newspapers, wireless and the films will be used to persuade people to take advantage of the health services. Sir Kingsley Wood, Health Minister, in announcing the campaign at Birmingham, said that its slogan would be, *'Use your Health Services'*.

Editor's Note: This article is the text of an address delivered before the International Council of Nurses, on July 20, 1937, in London.

Obituary

GRANT—The death occurred recently of Miss M. M. Grant, a graduate of the Moose Jaw General Hospital, and a member of the Class of 1928.

HUGHES—The death occurred at Ottawa, Ontario, on August 24, 1937, of Bertha Victoria Hughes, a graduate of the School of Nursing of the Lady Stanley Institute, Ottawa. Miss Hughes was a member of the Class of 1912 and, after military nursing service overseas during the war, became night supervisor at the General Protestant Hospital. When the Ottawa Civic Hospital was opened she took charge of the Soldiers' Ward until in 1934, she retired owing to ill health. The funeral service was conducted by the Reverend H. H. Clark, of Christ Church Cathedral. About one hundred ex-Service men formed a Guard of Honour, and Major the Reverend Channell Hepburn paid a fitting tribute to her noble character and devotion to duty.

MEREDITH—The death occurred, in Toronto, on May 20, 1937, of Mrs. Arthur Meredith (Isobel Osler) a daughter of Mr. Edward Osler, an older brother of Sir William Osler. Mrs. Meredith graduated, in 1898, from the School for Nurses of the Royal Victoria Hospital, Montreal. She was a woman of fine character and bore the long and crippling illness which preceded her death, with fortitude and cheerfulness.

MILLER—In Toronto on September 30, 1937, after a brief illness, Miss Muriel Miller, a graduate of the Toronto General Hospital School for Nurses and a member of the Class of 1928. Until a year ago, Miss Miller was assistant head nurse on one of the medical wards of the Toronto General Hospital. She left to take the course in public health nursing in the School of Nursing of the University of Toronto and had just returned to the Hospital as a member of the staff of the Social Service Department. Miss Miller was widely known and well liked. Her loss is keenly felt by all who knew her.

Team Play

On September 28, the Toronto Undergraduate Nurses Association held a meeting to re-organize for the season and to elect new officers. The meeting was held at the Western Hospital with a senior and intermediate representative present from each of the nine schools of nursing in Toronto. The officers elected were as follows: Miss E. McMullen, Toronto General Hospital, chairman; Miss R. Hendmarch, School of Nursing, University of Toronto, secretary-treasurer; Miss M. Fletcher and Miss M. Clovey, councillors. Plans for the coming year were discussed including a proposed theatre night and the sponsorship of badminton, swimming and skating. All these activities should prove interesting and the members of the Association are looking forward to an enjoyable year. Luncheon, and a social half-hour followed adjournment.

The Undergraduate Nurses Association sponsored a tennis tournament during July, when the matches were played on the courts of the Toronto General Hospital and the Hospital for Sick Children. Each Toronto school sent teams and the competition was very keen. Preliminary matches were played in the afternoon and a deligtful tea was served by the Toronto General Hospital. The finals were played off in the evening with Dr. I. Hilliard acting as referee. Honours went to Miss P. Norton and Miss I. Cation of the School of Nursing of the Hospital for Sick Children, the runners-up being Miss F. Kroft and Miss P. Parr of the School of Nursing of the Toronto General Hospital. Miss M. Millman, chairman of the Committee on Instruction presented the winning team with a cup which will be contended for yearly by the members of the association. Lovely nosegays were given to Miss H. Locke, assistant superintendent of nurses of the Toronto General Hospital, and to Miss M. Millman for their kind interest and assistance. Dr. I. Hilliard was presented with tennis balls and Miss J. Lott with candy as a token of appreciation of her excellent organization of the tournament.

Miss E. Littlejohn and Miss M. Tresidder
The first secretary and the first president of the first Undergraduate Nurses Association in Canada

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The Way We Walk!

This amusing (and flattering) comment upon the way we walk appeared recently in *The Winnipeg Free Press*:

One of the outstanding characteristics of the 3,600 nurses who attended the International Congress of Nurses, recently held in London, England, is that they all walked alike.

Coming from 40 different countries, short and tall, buxom or slender, they all walked from the hips, body always erect, a free swinging purposeful, healthy walk, a walk that seemed to be more a swift movement than a series of steps.

A Nursing Study of Diabetes

ELAINE PATTERSON,

Undergraduate Student, The School of Nursing of the University of Toronto.

When Mrs. P— and I first met, she impressed me as an exceptionally well-preserved older woman of strong constitution. I was astonished to learn from her chart that she was seventy-eight, at least ten years older than I had supposed. It was time for the morning bath, and as my patient watched her strange new nurse preparing for this, she forewarned me in a whisper that "she hadn't any legs." Even then it was a bit of a shock to find only a poor little right stump, and a left one still in bandages where the stitches from an amputation had not yet been removed.

During that first bath I learned that Mrs. P— had been admitted to the hospital on January 9, because she had stumbled on her crutches, injuring her good left leg and fracturing the little stump where the right leg had been amputated eight months before. Her chart told me later that, on admission, her blood pressure was 140/80, temperature 99.4, pulse 68, respirations 18. Of much greater significance was the fact that a blood test revealed high sugar content .250 (normal .080 -.110). This coupled with the fact that her admission urine sample showed sugar 4 plus (where normally no sugar should show) was proof of the urgency of her diabetic condition.

As it was immediately necessary to control this diabetic state, on the evening of admission this patient had been given 10 units of insulin and the doctor had ordered her to bed on a P50 F50 C50 diet (low diet of equal amounts protein, fat, carbohydrate). A twenty-four hour specimen of urine was to be collected daily. The provisional diagnosis was: diabetes mellitus; fractured right stump; arteriosclerosis (peripheral); dental caries; diabetic peripheral neuritis.

Even to a student nurse, it was evident that one of the chief factors that contributed to the remarkable progress made by this old woman, who had stood two amputations within a year and now faced a life of dependence upon others, was her own indomitable spirit. Lucky is the physician whose privilege it is to apply his skill to assist a patient who already possesses that desire to live and pride in her own progress which means so much to her ultimate recovery. There is a kind of philosophy of resignation possessed by older people, which a younger and less experienced but more rebellious generation must admire. Here was a woman whose life of hard work as bread winner for a large family had taught her to make the best of it, yet at seventy-eight and without legs, she still found life worth living. The patient's attitude did much to pull her through and I hold that, as her nurse, it is as essential for me properly to appreciate its value as to recognise the symptoms of her disease, to understand the diagnosis of her case, and to intelligently assist with her treatment. Let us not therefore consider it immaterial to the "case" if we pause long enough to make the acquaintance of the "person."

Even as a child, she had learned the necessity of hard work and the uselessness of "kicking." When her mother died, at fifty-three of "dropsy", leaving a family of eleven children, Mary, ten years old, was adopted by a farmer. At his outdoor bake oven the little barefoot girl "made bread, as many as 140 loaves to the batch". She was married

at seventeen, to Mr. P— who "died with a growth on the heart". For thirty-five years he had apparently been unable to work, though quite able to drink, but in spite of this weakness, his wife speaks of him with fondness. She never seems to resent the fact that for all that time she kept the home together by working as cook, frequently on the lake boats, during which time she found it necessary to keep her three youngest children with her, and later for fifteen years in an hotel. Her present great strength of body and will (her arms are particularly strong) is perhaps due to the hardships of her active life. Until eighteen months ago she had been working as cook in a children's shelter and meanwhile living with her husband in their own little home which has since been sold for taxes.

While working at the shelter, Mrs. P— was sent into a hospital for a recurrence of "inflammation of the kidney", with retention and painful micturition, for which she had previously been hospitalised a year before. On this second admission, the doctor told her she was diabetic. However, she was discharged and neglected further treatment except to avoid excess sugars in her diet. At this time she weighed 200 plus, had a good appetite (polyphagia), was frequently thirsty (polydypsia), and had noticed abnormal frequency in voiding (polyuria).

It was after she had returned to her work, that she noticed that an old "sore toe", which had been troubling her for twenty years and had been very stubborn in healing, was again becoming bothersome and that standing at her work now made the whole right leg feel numb. She was finally compelled to give up work and for eight months she "nursed herself at home", until when she finally did call a doctor, he ordered immediate amputation. The foot was by that time black and gangrenous and the spread of infection up the leg to the knee was evidenced by red streaks.

From the time of the amputation of her right leg in June, 1935, and during her convalescence Mrs. P— was being treated with insulin but on discharge, though she was admonished to follow her diet, she was told that the diabetes had been cleared up and that she would no longer require insulin. Six weeks before she was admitted to the Toronto General Hospital, Mrs. P— had come to Toronto to visit her son, and it was at his home that she had fallen from her crutches, injuring her left leg. As a consequence of this fall, she was admitted with possible fracture of the right stump.

In questioning Mrs. P— about old infections which might have been the source of her diabetic condition, she gave a history of scarlet fever, typhoid fever, several attacks of puerperal fever, (one lasting eight months) and other forms of infection. Perhaps rather than seeking a cause of the diabetes in these old infections (which after all may not be within my province as a would-be nurse, since it seems too suggestive of diagnosis) I should have realised that my patients' susceptibility to any type of infection was greatly increased by her diabetic condition and if, as seems probable, she was carrying a long history of unrecognised diabetes, this would perhaps account for the frequency of infection as shown by her history. She had given birth to eleven children, only one of whom died in infancy. There was no recognised history of diabetes in her family—might the dropsical condition of her mother who died at fifty-three be otherwise significant?

At this point I should like to summarize the progress made by Mrs. P— during her present hospitalization, to

outline the treatment given during this period, to deal summarily with her prognosis both from the standpoint of her medical and social history and then, having dealt with our patient, "the person", we may finally consider the disease of which her case is typical. The treatment of diabetes is an attempt to control an incurable disease. This is done by supplying, through insulin injections, a hormone which the body fails to supply for itself. This makes possible the utilization of carbohydrate foods, present in the body but not available for use, until the insulin which the patient's body fails to manufacture for itself is thus artificially supplied. Diabetes is called a deficiency disease—this deficiency being the lack of insulin required for proper metabolism. The treatment of insulin is aided and abetted by control of diet to such an extent that the exact amount of insulin is given "to cover" the exact amount of food required by the individual patient. Individuals vary in the amount of food necessary and likewise in the degree of their deficiency in supplying their own insulin. Thus the first stage of any treatment of diabetes is experimental in that these individual differences must first be ascertained.

Mrs. P— was therefore tried first on a diet of P50, F50, C50 with insulin 15:15, which means 15 units morning and evening (1 unit "covers" approximately 4 gms. carbohydrate). On January 13, the diet was changed to carbohydrate 100, P50, F50, and the insulin to 20:20. By January 21, blood sugar tests showed that the insulin was so satisfactorily maintaining the blood sugar level as to justify a further increase in carbohydrate intake to C200, P50, F50. On January 27, the patient was started on protamine insulin. This new type of insulin reduces the number of doses required, since it is more slowly absorbed into the tissues and so has a more lasting effect. It was therefore only necessary to give the one dose of 30 units Protamine, ordered for 8 a.m., that is 15 to 20 minutes before breakfast. This replaced the former dose of 20:20 insulin. By February 1, carbohydrates were again increased to C250, P50, F50 and by February 21, the doctor's report states that "diabetes is under fairly good control with 30 units protamine at 8 a.m., fasting blood sugar still high but not very much so".

Meantime, the patient had still been complaining of pain in her left leg, which pain had been controlled by the use of aspirin and codeia. A slight cough of several day's duration had received immediate treatment, since colds are very dangerous to diabetics in whom even slight infections are difficult to clear up. By February 1, pain in the great toe of the right foot, and the presence of a small area of dark discoloration as reported by the doctor, indicated Peavex treatment which was given daily by the physio-therapy department until February 10. This is the famous new treatment used on Alfred Scadding's trench feet. It consists of treatment through pressure and relaxation, by means of a large "boot" that looks like cellophane and is corked above the knee by rubber which expands and contracts as pressure is given and released. The effect upon the leg is similar to massage with this advantage, that this artificial massage may be applied continuously as long as required. Circulation is increased by the dilation and contraction of the blood vessels. On February 10, the doctor reported that the toe showed "definite improvement in toe, less pain, discolored area now more red". This would indicate an improved circulation due to the treatment.

(To be continued)

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

Executive Committee Meeting

The autumn meeting of the Executive Committee of the Canadian Nurses Association was held in Regina, Saskatchewan. Those present were Miss R. M. Simpson, president; Miss E. J. Wilson, honorary secretary; Miss A. E. Wells, chairman, Public Health Section; Miss Anne Morton and Miss Helen Jolly, chairmen of the Public Health and Private Duty Sections respectively, of the Saskatchewan Registered Nurses Association.

The convener of the *Arrangements Committee* for the General Meeting in Halifax, July 4-9, 1938, expressed the pleasure it will be to the Registered Nurses Association of Nova Scotia to have as their guests the members of the Canadian Nurses Association from other parts of Canada. The nurses of Nova Scotia will do their best to make the week of the general meeting a happy one for each member. Convention headquarters are to be located in The Nova Scotian, one of Canada's most attractive hotels, which offers excellent accommodation for all requirements of a general meeting of the national association. The members of the Arrangements Committee are: Miss Marion Haliburton, convener; Misses Edith Fenton, Lenta Hall, Victoria Winslow; Muriel Graham; Catherine Graham; Anne Foster; Katherine Jamer; Laura Hubley; Mrs. Charles Bennett and Sister Anna Seton.

The committee on *National Enrolment* presented a summary of methods used by each provincial association to promote enrolment. That summary in detail will be published in an ensuing issue.

The *Florence Nightingale Memorial* Committee has completed plans for the final year of the Association's five-year pledge to the Florence Nightingale International Foundation. Reference was made to the meeting of the Foundation in London in July. The present arrangement with Bedford College is to continue and a Director is to be appointed as soon as finances permit. A sincere effort is being made to develop the Courses to meet the needs of the different national groups. All countries appeared willing to continue support. The President reported on the much needed refurnishing of Canada Room in Florence Nightingale International House, London. The new furnishings were in place in time for the reception held at International House for the delegates attending the meeting of the Foundation, on which occasion the rooms of the house were on view.

The *Scholarship Award Committee* had given attention to details in regard to qualifications of candidates, methods of selection, etc. More specific information concerning requirements for the Scholarship are included in the announcement which appears elsewhere in the Journal. The President asked that the members of the Executive Committee should continue to recognize their responsibility by urging suitable persons to apply for the Scholarship. Greater interest should be indicated.

As authorized by the Executive Committee in June, the Committee on *Dominion Registration for Nurses* has appointed to its membership: Miss Jean Gunn, Miss Jean E. Browne, and Sister Jean of St. Michael's Hospital, Toron-

to. The provincial associations were reminded that November first is the final date for submitting proposed amendments.

The *Mary Agnes Snively Memorial Committee* has invited each province to submit three nominations instead of one nomination as in 1936. The Committee is to be asked to suggest to the Programme Committee the general plan for the session of the General Meeting in 1938 at which the medals will be presented, such plan to include speaker and subject of address.

The developments in regard to *Community Nursing Service Bureaux* will be published in these *Notes* for December.

The Sections

The three Sections reported little activity during the summer months and that plans for the coming year were well under way.

The Provincial Associations

Members of the *Alberta Association of Registered Nurses,* resident in northern Alberta, have organised the Grand Prairie and Peace River Section.

The *Manitoba Association of Registered Nurses* have completed plans for a Summer School for Nurses to be held in 1938 under the auspices of the University of Manitoba. The Course will be published in the University Summer School Calendar for 1938 which will be available early in the new year.

The Registered Nurses Association of Nova Scotia are arranging for the Registrar to visit the schools of nursing in that province.

The Registered Nurses Association of Ontario reported a thirty-one percent increase in membership during the past year. The eight-hour day for private duty nurses is operating successfully in twelve centres in Ontario.

The Registered Nurses Association of Prince Edward Island have appointed a committee to secure information as to the possibilities of having a Refresher Course for members of the Association.

Annual Meeting

The annual meeting of the New Brunswick Association of Registered Nurses was held in St. Stephen, September 28 and 29, 1937. Items of interest arising from that meeting are: The Registrar who had been delegated to visit each school of nursing within the past year is to continue that visiting. Time allotted for meetings of the Executive Council is to be extended in order that the Council may receive and consider reports on schools of nursing visits. The custom in New Brunswick is to hold meetings of the Executive Council at various centres, throughout each year; travelling expenses of members are met from the provincial treasury. In the report of the Nursing Education Section it was stated that each school of nursing is making an effort to adjust its curriculum in accordance with the outline as in the Proposed Curriculum for Schools of Nursing in Canada. The Private Duty Section recommended that similar sections be organised in each Chapter of the N.B.A.R.N. A decided improvement in employment conditions was noted. A Refresher Course, sponsored by the Public Health Section had been well attended and thoroughly appreciated. A gratifying increase in membership was reported.

NEWS NOTES

BRITISH COLUMBIA

VANCOUVER: At the recent examination held for title and certificate of Registered Nurse on September 14, 15 and 16, 1937, in the four centres of British Columbia, 111 candidates were successful.

At the last Council Meeting of the Registered Nurses Association of British Columbia it was decided that owing to the surplus of well-trained Registered Nurses in British Columbia each nurse wishing to come there should write to the office of the Registrar and enclose data concerning both preliminary and professional education in order to determine whether she is eligible for registration in this Province.

In order to stimulate interest in public health problems, the Public Health Section of the Registered Nurses Association of British Columbia has formulated a series of topics for discussion among groups of nurses, one topic being sent to each Health Centre throughout the Province, and to each Health Unit in Vancouver. The following are the questions submitted to the various groups for study:

(1) What is your opinion of the present methods used to discover the hard-of-hearing child in the Public Schools? (Kelowna Study Group).

(2) The improvement of the teaching content of the public health nurse's visit. (Health Unit 3, Vancouver).

(3) The place of voluntary public health nursing organizations in the field as part of the programme of public health. (Victoria).

(4) The need of a continuing educational programme by the employed public health nurse, by means of both individual and mass education, such as refresher courses. (Health Unit 2, Vancouver).

(5) The desirability of inter-relationships of public health nursing organizations with other health and welfare groups. (Victorian Order of Nurses, Vancouver).

(6) The need for supervision in all fields of public health nursing. (Cowichan).

(7) Is it desirable that the Public Health Course at the University should include a more comprehensive view of social case work? (Abbotsford).

(8) What about preliminary preparation in public health for nurses in training? (Saanich).

(9) How can the health unit co-operate with the Provincial Clinic in case finding and education regarding syphilis and gonorrhea? (Health Unit 4, Vancouver).

(10) The preparation of the public health nurse for the teaching of sex hygiene. (Health Unit 1, Vancouver).

It is hoped that a meeting of the Public Health Section will be held in January at which time reports from all these groups will be submitted.

VANCOUVER: The first meeting of the season of the Science Girls' Club was held recently when the speaker of the evening was Mr. Skinner (of "Sickelmores", florists) who gave an interesting talk and demonstration of flower arrangement, showing many modern methods of flower decoration in the home, and also the arrangement of the bouquets in the usual type of vases available in hospitals. The Science Girls' Club had its origin as the Nurses' Alumnae Association of the University of British Columbia, nursing being a department in the Faculty of Applied Science. It has since broadened to include as active members, nurses with a degree in nursing from any university, and has as associate members, other nurses who are university graduates. The officers for the coming year are: President, Miss E. Stoddart, (1927); vice-president, Miss R. Cheeseman, (1935); recording secretary, Mrs. R. E. McKechnie, (1928); corresponding secretary, Miss M. Clugston, (1937); treasurer, Miss M. Upshall, (1929); social convener, Miss F. McQuarrie; programme convener, Miss M. Hardy, (1933); archivist, Miss Jean Murdock, (1933).

VANCOUVER: Miss M. Fyvie Young, R. N., B.A.Sc., M.A., has been appointed to the position of instructor in the Department of Nursing of the University of British Columbia under a Rockefeller Foundation grant. Miss Young formerly held the position of secretary to the Division of Maternal and Child Hygiene of the Canadian Welfare Council.

Married: On September 29, 1937, Miss Wilhelmina S. Caldwell, (St. Paul's Hospital, Vancouver, 1933) to Mr. W. H. Deshaw.

NELSON: At the annual meeting of the Nelson Registered Nurses Association marked progress was reported in all its phases of activity. The retiring president, Miss M. J. Leslie, gave an interesting address from which the following excerpts are taken:

"Perhaps our most important achievement was the establishment of an organized registry for private duty nurses. An agreement was made between the Kootenay Lake General Hospital and the Association whereby the Association pays twelve dollars annually to the Hospital and the Hospital undertakes to operate the registry and see that its rules are observed. The superintendent of the Hospital, the president of the Association, and the convener of the Private Duty Committee are jointly responsible for seeing that the registry is efficiently operated. On

the whole, things have gone perfectly smoothly. A delegate was sent by the Association to represent it at the annual meeting of the Registered Nurses Association of British Columbia. Among other things she brought us the realization that our Association is known and respected in other parts of the Province."

The officers elected for the coming year are as follows: Honorary President, Miss V. B. Eidt; president, Miss M. Ahier; first vice-president, Mrs. J. G. Bennett; second vice-president, Miss E. Smith; secretary, Miss J. McVicar, 623 Mill St., Nelson, B.C.; treasurer, Miss N. Passmore. Committee Conveners: Ways and means, Miss M. Patterson; programme, Miss L. McVicar; social committee, Mrs. A. M. Banks; private duty, Miss P. Gansner; membership committee, Mrs. T. Homersham; sick committee, Miss S. Keeler.

Great regret is felt by the Association at the loss of its former president, Miss Joyce Leslie, who will take a public health nursing course at the University of British Columbia during the coming year. She was keenly interested in her work during her entire period of office as president and the good wishes of the Association were conveyed to her with great heartiness.

MANITOBA

WINNIPEG: The Alumnae Association of the Winnipeg General Hospital entertained at the tea hour on September 25 in honour of Miss Catherine Lynch who has been recently appointed superintendent of nurses at the Winnipeg General Hospital.

Miss I. McDiarmid (W.G.H., 1921) has been granted leave of absence from the Social Service Department of the Winnipeg General Hospital and is taking a post-graduate course at the School of Nursing of the University of Toronto.

Miss M. Graham, (W.G.H., 1925) who has been a member of the staff of the Western Hospital, Toronto, for the past year has been visiting in Manitoba before leaving for Montreal where she will attend the School for Graduate Nurses at McGill University.

Miss Inga Johnson (W.G.H., 1925) has been appointed Matron of Dr. Robertson's Hospital at Flin Flon, Manitoba.

Miss A. Effler (W.G.H., 1930) has accepted the position of supervisor of the operating room at the Sterling Public Hospital, Sterling, Ill.

Miss Allison Jamieson (W.G.H., 1935) is attending Teachers College, Columbia University.

The 1937 class of the School of Nursing of the Winnipeg General Hospital recently presented a beautiful Sheffield tea service to the Nurses Home.

Married: Recently, Miss I. McLennan to Dr. B. Orchard.

Married: Recently, Miss C. Angus (W.G.H., 1934) to Dr. H. Hart.

Married: Recently, Miss W. Muirhead (W.G.H., 1934) to Mr. S. Bright.

Married: Recently, Miss N. Ritchie (W.G.H., 1932) to Dr. H. Duncan.

BRANDON: The opening meeting of the Brandon Graduate Nurses' Association was held on October 5 at the General Hospital with Miss Longley, Vice-President, presiding in the absence of Miss Vance. Miss Findlay was appointed convener of the private duty section and Miss M. Peacock as press reporter. Following the business session, Miss Eva McNally introduced the guest speaker, Mrs. Clara S. Jones, who gave an interesting account of the International Congress for Nurses. A social hour concluded the evening.

THE PAS: Eighteen graduate nurses, residing in The Pas, have formed a Graduate Nurses Association. Mrs. A. L. Jacobs was elected president. The other officers are as follows: vice-president, Mrs. Wagner; secretary-treasurer, Miss D. Laing; press secretary, Miss C. C. King; convener of programme and social committee, Miss E. Goodman; and convener of sick visiting committee, Mrs. Wiebe. The Association hopes to increase in membership in order to help the new graduates from St. Anthony's Hospital and to keep in touch with the latest developments in all branches of nursing. Meetings are held the second Monday of each month. At the last meeting, Miss E. Goodman, who has recently returned from a trip abroad, gave an interesting account of her experiences.

NEW BRUNSWICK

MONCTON: The October meeting of the Alumnae Association of the Moncton Hospital was well attended. Plans were discussed for making the meetings more interesting so that a larger number of nurses will attend regularly. Miss Roberta Gunn was appointed to represent the Association and to present its reports at the meeting of the Provincial Association of Registered Nurses held recently at St. Stephen.

Miss Maisie Miller is enjoying her course in London, and in her latest letter says that she is doing practical work at St. Thomas's Hospital. Miss Marjorie Weir is on general duty at the General Hospital, Sussex. Miss Florence Daly and Miss Laura Roundell (M.H.) are on general duty at the Provincial Hospital, Saint John.

Married: On September 28, 1937, Miss Cora

Florence Nightingale International Foundation Scholarship

A scholarship to the value of twelve hundred and fifty dollars ($1250.00) is offered by the Canadian Nurses Association to one of its members for the purpose of taking a graduate course, for the session of 1938-39, at Bedford College in conjunction with the College of Nursing, London, England, under the auspices of the Florence Nightingale International Foundation. This scholarship provides for tuition fees and for living expenses at Florence Nightingale International House.

Courses are available to meet the needs of individual students who wish to qualify in the various nursing fields of teaching, administration and public health. The number of lecture subjects which any student shall carry shall be a minimum of four and a maximum of six.

Applicants must hold a matriculation standing recognised as entrance to a Canadian university. They must be graduates of approved schools of nursing and be registered in the Province in which they reside. They must have had at least two years of professional experience following graduation and have participated in some phase of nurses' organisation work. The age limit is forty-one (41) years.

Application blanks and calendars giving full information concerning the courses may be had on request from The Executive Secretary, Canadian Nurses Association, 1411 Crescent Street, Montreal, Que. to whom completed applications should be returned not later than January 15, 1938, together with the necessary forms and credentials.

The decision of the Scholarship Award Committee in the selection of the successful candidate will be announced in *The Canadian Nurse.*

Outline of International Courses for Nurses

Group A.

(1) Public Health Nursing; (2) Family Case Work; (3) Principles of Hospital and Training School Administration.

Group B.

(1) Personal Hygiene and Preventive Medicine; (2) Social Conditions and Social Administration; (3) Elementary Psychology; (4) Advanced Psychology; (5) Ethical Principles and Practical Problems; (6) Physiology.

Group C.

(1) A Comparative Study of Modern Industrial Problems; (2) Principles of Education and Methods of Teaching; (3) History of Nursing; (4) Eugenics; (5) Tuberculosis; (6) Nutrition; (7) Public Health Administration; (8) Maternity and Child Welfare; (9) Psychiatry.

Every student will be required to take at least four courses; of these one, and one only, must be selected from Group A, and one at least from Group B. Unless special permission is given students will not be allowed to undertake more than six courses.

The selection of subjects shall be made in consultation with the Director of Studies. The final decision shall rest with the Organisation Committee of Bedford College for Women.

In the case of students with exceptional academic or other qualifications special courses of study may be arranged, but only if application has been made and particulars have been supplied before coming to England.

LABORATORY TECHNICIAN

A Registered Nurse, qualified as a Laboratory Technician as well as having training in X-ray and cardiographic work, desires employment after November 30, 1937. References on request.

Address enquiries to Miss J. Craig,
Box 546, Drumheller, Alta.

Weldon (M.H.) to Mr. Carsten Henderson.

NOVA SCOTIA

HALIFAX: Miss Vivian Smith (H.C.H., 1934) and Miss Patricia Francis (V.G.H., 1937) are taking postgraduate courses in public health nursing at the School of Nursing, University of Toronto. Adjutant A. Atkinson, a graduate of Grace Hospital, Windsor, Ontario, has been appointed superintendent of nurses at the Grace Maternity Hospital, Halifax. Miss Florence Ells and Miss Mona White are doing general duty in the Hospital for Sick Children, Toronto.

Married: Recently, Miss Jennie Silver (H.C.H., 1934) to Mr. James L. MacKinnon.

Married: On September 27, 1937, Miss Pauline Publicover (H.C.H., 1933) to Mr. Charles Martin.

Married: On September 15, 1937, Miss Bertha Alice D. Mosher (H.C.H., 1933) to Mr. John Roy Gibson.

Married: On September 6, 1937, Miss Ada Graham (V.G.H., 1935) to Mr. Raymond Hopkins.

Married: On September 4, 1937, Miss Mabel Atkinson (V.G.H., 1930) to Mr. Allison Hatfield.

HALIFAX: The nursing staff of the Halifax Infirmary has shown much interest in the current topics of Dominion Registration and the proposed Curriculum for Schools of Nursing in Canada. A school committee has been formed to further the interests of nursing education in its application to our own School, and to make a detailed study of the trends and opportunities in the nursing field.

The School of Nursing has seventy students on the register. Eight-hour duty is in operation. The block system of classes has been adopted. Student activities for the term include: organized staff meetings; dramatic club; literary club; glee club; Student Christian Movement; school publication.

Sister Anna Seton and Sister Camillus of Lellis attended the convention of the Canadian Hospital Council. Sister Agnes Gerard, R. N., B. A., and Sister Marion Rita, B.A., are studying at St. Louis University. Sister Agnes Gerard, in a course leading to a Bachelor of Science degree, will specialize in laboratory technic, and Sister Marion Rita in X-ray technic.

Miss Genevieve Flemming and Miss Grace Hurst, members of the Alumnae Association will be missed from our ranks but we look forward with pleasure to the return of Mrs. Gow (Miss Flemming) and Mrs. Cail (Miss Hurst) who will, we know, continue their interest in the activities of the Alumnae Association.

ONTARIO

PROVINCIAL DEPARTMENT OF HEALTH: Miss Sarah Wallace, a graduate of the Hamilton General Hospital and of the course in public health nursing, University of Western Ontario, has been appointed to Haileybury. Miss Nora Hanna has been appointed as public health nurse in Orillia and will succeed Miss Maude Certer who recently resigned. Miss Hanna is a graduate of St. Luke's Hospital, New York, and of the course in public health nursing, University of Western Ontario. Miss Mary Schaffter who is a graduate of Birkenhead (England) General Hospital and of the course in public health nursing, University of Toronto, has been appointed to Wallaceburg. Miss Mary E. Parsons, a graduate of the Toronto General Hospital and of the course in public health nursing, University of Toronto, went to the Ontario Hydro Community at Fraserdale.

Two vacancies on the public health nursing staff of York Township Board of Education occurred in June when Miss Winnifred Walker and Miss Joan Coutts resigned. Miss Walker, who was senior nurse, is succeeded by Miss Ruby Walker. Miss Madeline McDonald and Miss Mary Winnifred Stewart, graduates of the Victoria Hospital, London, and of the course in public health nursing, University of Western Ontario, were appointed to the staff in September. Miss Rita Brooks resigned from her position as public health nurse in Timmins and was succeeded by Miss Christina Keith. Miss Keith has been engaged in public health nursing in Haileybury for the past year. Miss Clara Kittmer recently resigned her position as public health nurse in Wallaceburg to accept a similar one in Woodstock. Miss Lottie Muir, who has

been in Woodstock for a number of years, has been engaged to do follow up work from the syphilis and gonorrhoea clinic at the East Toronto General Hospital.

District 1

London: A meeting of the Alumnae Association of the School of Nursing of the Victoria Hospital was held recently with Miss Margaret McLaughlin presiding. Mr. David Carr gave an interesting illustrated talk on his trip to Europe. A social hour followed.

Miss Margaret Walker, a graduate of the Division University of Western Ontario, has accepted a position as public health nurse in St. Marys.

Mrs. (Dr.) Henry, a graduate of the School of Nursing of the Victoria Hospital, recently entertained the Alumnae Association at tea at her summer residence in Port Stanley.

Married: Recently, Miss Gladys Julietta Jackson to Mr. W. H. Cool.

Married: Recently, Miss Edythe Alice Webb to Mr. John Ross Stevenson.

Sarnia: The Alumnae Association of the Sarnia General Hospital held a well attended and delightful dance at the Embassy Club recently. The guests were received by Miss M. L. Jacobs, superintendent of the Hospital, Dr. and Mrs. Gordon Anderson and Mr. and Mrs. P. McGibbon.

Married: Recently, Miss Lela Ellen Hicks to Mr. Theodore Kundsen.

Married: Recently, Miss Laura Ilene Lockhart to Mr. George Fulcher.

Districts 2 and 3

Brantford: The Alumnae Association of the Brantford General Hospital has elected the following officers for the next year: honorary president, Miss E. M. McKee; president, Miss H. D. Muir; vice-president, Mrs. W. E. Riddolls; secretary, Miss E. M. Read, Brantford General Hospital; assistant secretary, Miss M. Nichol; treasurer, Miss D. H. Arnold; committee conveners: social, Mrs. A. D. Riddell; assistant social, Miss R. Moffatt; flower, Miss M. Peirce; gift, Mrs. J. Davison and Miss M. Patterson; representative to *The Canadian Nurse* and press, Mrs. B. Claridge.

Woodstock: The Alumnae Association of the Woodstock General Hospital has elected the following officers for the coming year: President, Miss Kathleen Start; vice-president, Miss Florence Blyth; secretary, Miss Helen Kennedy; assistant secretary, Miss Eleanor Watson; treasurer, Miss Jean Kelly; assistant treasurer, Miss Nelda Smith; corresponding secretary, Miss Mildred Woolley; committee conveners: social, Mrs. L. Tyler; flower and gift, Miss

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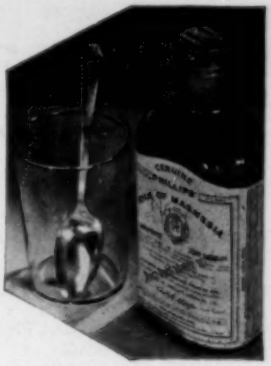

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Miss C. V. Barrett, R.N.
Supervisor,
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Montreal, Canada

Reiner and Miss Cook; programme, Miss Dorthea Walz.

District 4

Hamilton: The quarterly meeting of District 4, Registered Nurses Association of Ontario was held at the Nurses' Home of the General Hospital, Niagara Falls, on October 2, with Miss Isabel MacIntosh in the chair. Reports were received from the various committees and Miss Ethel Greenwood, of Toronto, gave a most entertaining talk on her reminiscences of the Coronation. Descriptions of the International Congress of Nurses were given by Miss Anne Wright, of St. Catharines, Miss A. Oram, of Welland, and Miss A. Boyd, of Hamilton, and were greatly enjoyed by all present. Mrs. Tydale, who is an Alderman on the City Council and is chairman of the Niagara Falls Hospital Trust, stressed the need for nurses to be conscious of their responsibility in regard to citizenship. Mrs. Tydale recently helped to secure the advanced poll for graduate nurses in Ontario. Miss Mary Buchanan, superintendent of nurses in the Niagara Falls Hospital, received the guests and a delightful tea was served by the staff. The next District meeting will be held in Hamilton in January, the exact date to be announced later.

District 5

Toronto: On September 30 the annual meeting of the Alumnae Association of the School of Nursing of the University of Toronto was held at the School. Reports of the year were read and the following officers were elected for 1937-38: President, Mrs. George Hanna; vice-president, Miss Grace Giles; secretary, Miss Jean Leask; treasurer, Miss Helen Carpenter; councillors: Miss Muriel Winter, Miss Mary Thom, Miss Gordon Lovell, Miss Edna Fraser, Miss Elsie Williams, Mrs. M. W. McCutcheon; committee conveners: membership, Miss Ethel Greenwood; special fund, Miss Laura Gamble; programme, Miss Dorothy Percy; social, Miss Margaret Gorstige. During the evening Miss Ethel Greenwood gave an account of her prize-winning trip to England and the Coronation in connection with the Globe and Mail contest. Miss Kathleen Russell addressed the members briefly on the needs of the School, both present and future.

Toronto: On September 8, 1937, the new unit of St. Michael's Hospital was officially opened by His Honour, the Lieutenant Governor of Ontario, Dr. Bruce, in the presence of a distinguished group which included His Excellency, Archbishop McGuigan, Dr. Cody, Chancellor of the University of Toronto, Mrs. Bruce, members

of the clergy and of the medical and surgical staff. The new unit gives added operating room space, a chapel, administration offices, waiting rooms and private rooms, also an imposing entrance on Bond Street.

Misss K. Boyle (St. M. H., 1936) is now instructress of nurses at St. Joseph's Hospital, Sudbury. Miss Helen Watman, who has been on the operating room staff for five years at St. Michael's Hospital, has resigned and is now doing private duty nursing.

Married: Recently, Miss Joan Coutts (St. M.H., 1931) to Mr. Arthur Wragg.

Married: Recently, Miss Constance Dooley (St. M.H., 1933) to Mr. M. L. Johnstone.

Married: Recently, Miss Evaline Hurtibese (St. M.H., 1932) to Mr. George T. Rankin.

Married: Recently, Miss Jean George (St. M.H., 1932) to Dr. Harrington.

TORONTO: The Alumnae Association of The Grant Macdonald Training School for Nurses has elected the following officers for the next year: president, Miss Nina Machesney, Western Hospital; vice-president, Miss Norma McLeod, Western Hospital; recording secretary, Miss Dorothy Whetstone, 130 Dunn Ave.; corresponding secretary, Miss Isabelle Lucas, 130 Dunn Ave.; treasurer, Miss Willa Martin, 130 Dunn Ave.; social convener, Miss Stella Dornan, 130 Dunn Ave.

Married: On September 29, 1937, Miss Helena Wilson (Toronto General Hospital, 1930) to Mr. Ernest Henry Reeves.

DISTRICT 6

PETERBOROUGH: The monthly meeting of Chapter C, District 6, R.N.A.O., was held at St. Joseph's Hospital, Peterborough, with the chairman, Miss F. Vickers, presiding. Following the routine business, Dr. R. Young gave an interesting lecture on poliomyelitis. Miss F. Corkery played a delightful violin solo. The next meeting will be held at the Ross Memorial Hospital, Lindsay.

Miss Evelyn McBrien, night supervisor of Nicholls Hospital, has been granted leave of absence in order to take the course in administration at the School of Nursing of the University of Toronto. Miss M. Inches is relieving for Miss McBrien. Miss Adelaide Munro, a member of the class of 1933 of the Winnipeg General Hospital, has been appointed supervisor of the medical department of the Nicholls Hospital.

DISTRICT 8

OTTAWA: "A Portrait of a Gentleman"—this is to be the topic of a talk to be given by Dr. N. L. Burnette, of the Metropolitan Life Insurance Company, to the members

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The Director of Nursing,
5841 Maryland Avenue,
Chicago, Illinois.

of the Public Health Section of District 8 at their next meeting on November 6, at the Orange Lantern Tea Room.

Miss Reta Follis has recently resigned from the staff of the Pembroke Cottage Hospital and will take over the duties of superintendent of nurses at the Chipman Memorial Hospital, St. Stephen, N. B.

Misses Ruth Macdonald, Queenie Donaldson, and Eleanor Alford (O.C.H., 1937) are taking the public health course at the School of Nursing of the University of Toronto.

DISTRICT 9

TIMMINS: The thirteenth annual meeting of District 9, Registered Nurses Association of Ontario, was held on September 25 in Timmins—the first time that the District has held its annual meeting so far north. All the various Chapters were represented as follows: Sault Ste. Marie: Miss R. Densmore; Sudbury, Mrs. V. Aubin; North Bay, Miss J. Lang; Gravenhurst, Miss Sharp; New Liskeard, Miss H. Elizabeth Smith. Members were also present from Cobalt, Kirkland Lake, Cochrane and Iroquois Falls. At the opening session, the Invocation was pronounced by the Rev. Father O'Gorman and greetings were extended on behalf of the Mayor of the city. Miss Florence Farr, the retiring chairman of the Timmins Chapter, gave the members a most hearty welcome. Miss Farr, assisted by a capable committee on arrangements of which Miss Roy was convener, was responsible for the cordial hospitality which characterized the meeting.

The reports from the Chapters showed that excellent work is being carried on. It is particularly gratifying to note the steady increase in membership due, in a large measure, to the efforts of the membership committee under the convenership of Miss Jean Smith. Hearty appreciation was expressed of the excellent work done during the past five years by Miss Robena Buchanan of Gravenhurst in the dual capacity of secretary-treasurer. In future this office will be divided, Miss Buchanan continuing as treasurer and Miss R. Densmore, of Sault Ste. Marie, acting as secretary. Considerable interest was shown in Dominion Registration and it was decided to extend an invitation to Miss E. MacP. Dickson to visit the District and address the members on this subject. The financial affairs of the District were shown to be in a most creditable condition and although strict economy will be necessary, it was decided to contribute to the Florence Nightingale Memorial Fund to the same extent as last year.

At the afternoon session an excellent address on silicosis was delivered by Dr. N. H. Russell. At the evening banquet, Mr.

Lawley, field supervisor of the Canadian National Institute for the Blind, gave an exceptionally fine address on handicaps, social, industrial, and professional. Miss Ethel Johns, who was the guest of the District during the meeting, also spoke and there was a delightful musical programme.

The officers and conveners of committees for the coming year are as follows: Chairman: Miss H. Elizabeth Smith, New Liskeard; first vice-chairman: Miss Jean Smith, Gravenhurst; second vice-chairman: Miss Elizabeth Gordon, Sault Ste. Marie; secretary: Miss R. Densmore, Sault Ste. Marie; treasurer: Miss Robena Buchanan, Gravenhurst. The conveners of committees are as follows: Nominating: Miss Helen Jordon, North Bay; programme: Miss Florence Kruger, Sudbury; arrangements: Miss Jane Thomas, Sudbury; membership: Miss Jean Smith, Gravenhurst; publications: Miss H. Elizabeth Smith, New Liskeard; finance: Miss Robena Buchanan, Gravenhurst; Red Cross Enrolment: Miss Jane Thomas, Sudbury. Miss Elsie Franks, of New Liskeard, is the convener of the public health section; Miss M. Delaney of Sault Ste. Marie is convener of the private duty section; Rev. Sister St. Philippe of Sudbury is convener of the nursing education section.

Several cordial invitations for the next annual meeting were received and the choice fell upon Sudbury where, on the last Saturday in September, 1938, District 9 will once more assemble its widely-scattered but enthusiastic and hard-working membership.

QUEBEC

THE MONTREAL GENERAL HOSPITAL: Miss Janie Jamieson (M.G.H., 1921) has recently been appointed operating room supervisor in the Vancouver General Hospital. Miss Grace Reinauer (M.G.H., 1929) has accepted a position on the operating room staff of the Toronto General Hospital. Miss Jean M. McLaren, (M.G.H., 1930) who has been on the operating room staff of the Montreal General Hospital for the past seven years, has accepted a similar position in the Toronto Western Hospital. Miss Mary Ogilvie (M.G.H., 1935) has resigned from the operating room staff of the Montreal General Hospital to take charge of the operating room in the Shriners Hospital, Montreal. Miss I. M. Gilbert (M.G.H., 1933) has recently resigned from the nursing staff of the Montreal General Hospital and has accepted a position with the Northern Electric Company, Montreal. Miss H. Hamilton (M.G.H., 1933) has accepted a position on the nursing staff of the Homoeopathic Hospital, Montreal, as assistant instructor.

The following nurses are attending the School for Graduate Nurses, McGill Uni-

New Editions

Bogert's "Chemistry for Nurses"
Cabot & Giles' "Surgical Nursing"
Calder's "Bacteriology"
DeLee & Carmon's "Obstetrics for Nurses"
Gabriel's "Professional Problems"
Gladwin's "Ethics for Nurses"
Morse & Frobisher's "Bacteriology"
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versity: Miss Helen Bradshaw, (M.G.H., 1933) who was awarded the scholarship given by the Alumnae Association of the Montreal General Hospital; Miss Agnes Tennant, (M.G.H., 1934) who was awarded a Mildred Hope Forbes Scholarship; Miss Ilene McCormack, (M.G.H., 1936) who was awarded a Mildred Hope Forbes Scholarship; and Miss Margaret Parmenter (M.G.H., 1935).

Married: On September 11, 1937, Miss Corinna Sarah Dea (M.G.H., 1930) to Mr. John McMartin Aylen.

Married: Recently, Miss Janet Ernestine Mugridge (M.G.H., 1931) to Mr. Frederick Bayard Tilton.

MONTREAL GENERAL HOSPITAL: Mrs. E. M. Wright (Miss Elli M. Henriksson, M.G.H., Class of 1929), superintendent of the Brome-Missisquoi-Perkins Hospital, Sweetsburg, P. Q., has recently been honoured by receiving the Coronation Medal awarded by His Majesty, King George VI, for valuable nursing services.

MONTREAL: L'Association des Gardes-Malades Graduées de l'Hôpital Notre-Dame held its first meeting of the season on October 8 with a large attendance. Piano solos were beautifully rendered by Madame la Comtesse de Sars le Compte and Mademoiselle Suzanne Paquette presented several of her talented young pupils in a "Programme poétique". Docteur L. H. Gariépy spoke briefly and congratulated the Association on its use of leisure as a means of cultivation and artistic enjoyment.

MONTREAL: The following members of the Alumnae Association of the School of Nursing of the Royal Victoria Hospital are attending the School for Graduate Nurses at McGill University: Miss Dorothy Riches, B.A., (R.V.H., 1932); Miss Margaret A. Briggs (R.V.H., 1933); Miss Joyce M. MacDonald (R.V.H., 1934); Miss Roberta Heatlie (R.V.H., 1936); Miss Margaret Haggart, M. A., (R.V.H., 1937).

Married: Recently, Miss Mary Orlando (R.V.H., 1931) to Mr. Edward McEvoy.

Married: Recently, Miss Frances Vassie (R.V.H., 1935) to Mr. William Jost.

Married: Recently, Miss Edith F. Rees, (R.V.H., 1932) to Dr. G. M. Morrison.

Married: Recently, Miss Elinor H. Crosby (R.V.H., 1930) to Mr. Francis Holmes.

Married: Recently, Miss Marguerite I. Burke (R.V.H., 1934) to Dr. A. B. Wallace.

Married: Recently, Miss Margaret Spratt (R.V.H., 1926) to Mr. Robert W. Hackburn.

Married: Recently, Miss Eileen Mae Kelly (R.V.H., 1935) to Mr. Donald D. Wallace.

Married: Recently, Miss Mary B. Steedman (R.V.H., 1926) to Mr. F. E. Davis.

Married: Recently, Miss Mary Detwiler (R.V.H., 1937) to Mr. R. W. Johnson.

Married: Recently, Miss Cathryn Drummond (R.V.H., 1935) to Mr. Ralph Henry, Jr.

Married: Recently, Miss Alice Barnett (R.V.H., 1933) to Mr. Raymond Crewdson.

Married: Recently, Miss Carolyn MacKenna (R.V.H., 1934) to Dr. Hugh Cameron.

Married: Recently, Miss Elma MacCrimmon (R.V.H., 1929) to Mr. R. S. Daly.

Married: Recently, Miss Helen Ferguson (R.V.H., 1935) to Dr. Mastrianni.

Married: Recently, Miss Hope Chaplin (R.V.H., 1935) to Mr. R. D. Macalister.

QUEBEC: The October meeting of the Alumnae Association of Jeffrey Hale's Hospital was held recenlty. An interesting feature was the film on the uses of elastic plaster in modern surgery shown by The Smith and Nephew Company.

(*Continued on page* 584)

The Victorian Order of Nurses

Miss M. E. Bonner has been transferred from the Vancouver staff and is replacing Miss Mary T. Shand as nurse-in-charge of our Burnaby branch. Miss Helen Law has resigned as nurse-in-charge of our Orillia branch and is being replaced by Miss Isabel Black, who was transferred from the Hamilton staff. Miss Marion O'Neill is replacing Miss Isabel Black on the Hamilton staff. Miss Essie Kain has been transferred from the Kitchener staff and is replacing Miss L. M. MacMillan as nurse-in-charge at Pembroke, Ontario. Miss Helen Anderson is acting as nurse-in-charge of our St. Catharines branch for a temporary period until a permanent appointment can be made. Miss Miriam Michell has resigned as nurse-in-charge of our Sydney branch. Her successor has not yet been appointed and in the meantime one of the staff nurses, Miss Fife, is carrying on. Miss Florence Greenaway is now in charge of our newly opened Walkerton, Ontario, branch.

Nightingale Memorial Fund

Further contributions to the Florence Nightingale Memorial Fund have been received as follows:

Alberta

Student Nurses, Misericordia Hospital, Edmonton	$7.50

Ontario

District No. 7, Registered Nurses Association of Ontario	10.00
Kitchener—Waterloo Chapter R.N.A.O.	5.00
A.A. Strathroy General Hospital	5.00

Quebec

A.A. Jeffrey Hale's Hospital, Quebec	25.00

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Autumn came so slowly . . . so stealthily . . . that before we were aware . . it had taken full possession . . . We remember now . . . that one morning in late August . . . there was a counterpane of sparrows . . . brown against a vivid green lawn . . . Suddenly the larkspurs were gone . . . and the scarlet salvias were here . . . Then the mud turtle . . . in whom we have a vested interest . . . because he lives under a little fountain . . . in the courtyard of our apartment . . . slowly began to lose interest . . . in juicy worms . . . and let the greedy gold fish steal them . . . from under his very nose . . . One drowsy afternoon . . . in Indian Summer . . . he came out languidly . . . to sun himself . . . on his little rock . . . but his eye lacked its wicked lustre . . . and the crimson stripes on his neck . . . had lost most of their brilliance . . . We tempted him . . . with a bit of raw meat . . . inpaled on a straw . . . but his scornful eyelid did not even blink . . . Just as we turned sadly away . . . he suddenly thrust forth one flipper . . . in a Fascist salute . . . This so startled us . . . that we dropped our rejected offering . . . and gazed at him in dismay . . . Then to our relief . . , he solemnly winked . . . and tucked the flipper . . . under his shell again . . . The next morning . . . he had vanished from his pool . . . and is now residing in winter quarters . . . in a glass tank . . . where under the guardianship of the janitor . . . he awaits the rustle of Spring . . . The night hawks . . . disappeared long before the turtle . . . The Ojibways call them "paishk" . . . and if you give the word . . . its proper twist . . . that is just the shrill cry they make . . . all through the brief summer night . . . The cricket pitch . . . on the University playing field . . . put on its winter overcoat . . . and the polite audience . . .who greeted a shrewd hit . . . with temperate applause . . . was replaced . . . by a youthful throng . . . who alternately cheer and mock the scrub football teams . . . arrayed in coats of many colours . . . as they shove and thrust . . . between the goals . . . Then the old felt hat . . . went to the milliner . . . for a new riband . . . out of its moth bag came the heavy coat . . . and the woolly muffler . . . But we were not really vanquished . . . until the day we had to dig out . . . our loathesome overshoes . . . Goodbye summer . . . goodbye . . . goodbye . . . it is winter now . . . E. J.

Official Directory

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Executive Secretary, Miss Anna Schwarzenberg, 51 Palace Street, London, S.W.1., England.

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Numerals preceding names indicate office held, viz: (1) *President, Provincial Nurses Association;* (2) *Chairman, Nursing Education Section;* (3) *Chairman, Public Health Section;* (4) *Chairman, Private Duty Section.*

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New Brunswick: (1) Mrs. G. E. Van Dorsser, Health Centre, Saint John; (2) Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton; (3) Miss A. Burns, Health Centre, Saint John; (4) Miss Kathleen Lawson, 84 Wright St., Saint John.

Nova Scotia: (1) Miss Marion Haliburton, 40 South St., Halifax; (2) Miss Eleanor Grew, Children's Hospital, Halifax; (3) Miss A. Slattery, Windsor; (4) Miss Anna Brennan, 53 Pine St., Dartmouth.

Ontario: (1) Miss E. Cryderman, 281 Sherbourne St., Toronto; (2) Miss R. M. Beamish, Toronto Western Hospital, Toronto; (3) Miss M. Walker, Institute of Public Health, London; (4) Miss Madalene Baker, 249 Victoria St., London.

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District 1

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Prince Edward Island Registered Nurses Association

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QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

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SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated, 1917)

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Regina Registered Nurses Association

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Associations of Graduate Nurses

Overseas Nursing Sisters Association of Canada

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Calgary Association of Graduate Nurses

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Brandon Graduate Nurses Association

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QUEBEC

Montreal Graduate Nurses Association

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SASKATCHEWAN

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MANITOBA

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ONTARIO

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